

# APPLICATION FORM

For Transportation Service provided by the City of Watertown Paratransit System

All requested information that you provide in this application will be kept **CONFIDENTIAL** and will not be released to any person, agency or organization. The City is soliciting this information **SOLELY** for the purpose of establishing eligibility for the City's Paratransit Bus System whose purpose is to serve those who are unable to use the fixed route CitiBus service provided.

**PLEASE PRINT OR TYPE:**

**LAST NAME:**\_\_\_\_\_ **MI**\_\_\_\_\_ **FIRST NAME**\_\_\_\_\_

**STREET ADDRESS:**\_\_\_\_\_

**CITY, STATE, ZIP:**\_\_\_\_\_

**HOME PHONE:**\_\_\_\_\_ **WORK OR CELL#**\_\_\_\_\_

**Please Check One:**      ☐ **I am a permanent Resident**      ☐ **I am a visitor**

**Describe Your Disability:**

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**Is this condition temporary?** \_\_\_\_\_ **If YES, what is the expected duration:**\_\_\_\_\_

**How does this disability prevent you from using the CitiBus fixed route service?**  
**Please explain in detail:**

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**Are there any other effects of your disability that the CitiBus Paratransit should be aware?**

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**List street names of the closest intersection to your home:**

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**Can you travel from your residence to the curb without assistance?**

\_\_\_\_\_Yes                      \_\_\_\_\_No                      \_\_\_\_\_Sometimes

**Can you travel 200 feet without assistance of another person?**

\_\_\_\_\_Yes                      \_\_\_\_\_No                      \_\_\_\_\_Sometimes

**Can you travel ¼ mile without assistance of another person?**

\_\_\_\_\_Yes                      \_\_\_\_\_No                      \_\_\_\_\_Sometimes

**Can you climb three 12 inch stairs?**

\_\_\_\_\_Yes                      \_\_\_\_\_No                      \_\_\_\_\_Sometimes

**Can you wait outside without support for ten minutes?**

\_\_\_\_\_Yes                      \_\_\_\_\_No                      \_\_\_\_\_Sometimes

**If you have answered 'no' or 'sometimes' to any of these questions, please explain completely:**

\_\_\_\_\_  
\_\_\_\_\_

**Are you ADA eligible on another transit system?      \_\_\_\_\_ YES      \_\_\_\_\_ NO**

**If YES, then give name and phone number of that provider:**

\_\_\_\_\_

**Do you have a need for a personal care attendant to accompany you (at no charge) while on the CitiBus?      \_\_\_\_\_ YES      \_\_\_\_\_ NO**

**I hereby certify that the above information is correct to the best of my knowledge.**

**Signature:\_\_\_\_\_ Date:\_\_\_\_\_**

**If someone other than the applicant has completed this application, please have that person complete the following:**

**Name: \_\_\_\_\_**

**Title And Organization:\_\_\_\_\_**

**Address:\_\_\_\_\_**

**Telephone #\_\_\_\_\_**

**Signature:\_\_\_\_\_ Date:\_\_\_\_\_**

**Mail this completed form to:**

CitiBus Paratransit Services  
c/o Guilfoyle Ambulance Service Inc  
PO Box 88  
Watertown NY 13601  
ATTN: Jeffrey Lieberman